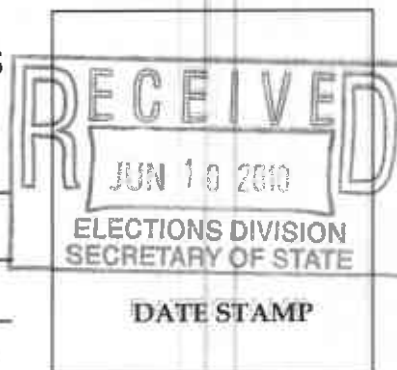


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee COMMITTEE TO ELECT BILL GOWAN CIRCUIT JUDGE
Address BOX 644 CLINTON MS 39060-0644
Telephone 601-373-5000 Fax 601-372-9405
Treasurer DICK WITHERS Email DWITHERS@WITHERSFLOREST.COM



Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
X June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3,550. ⁰⁰ + \$ 850. ⁰⁰	\$ 4,400. ⁰⁰	\$ 9,250. ⁰⁰
Total amount of disbursements	\$ 50. ⁰⁰ + \$ —	\$ 50. ⁰⁰	\$ 2,872. ⁰⁷
Total amount of cash on hand		\$ 6,377.93	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Shellee Gowan
Signature of Director or Treasurer

6-10-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Candidate WILLIAM A. GOWAN
COMMITTEE TO ELECT BILL GOWAN CIRCUIT JUDGE

Address BOX 644 CLINTON MS 39060-0644 County HINDS

Telephone Work 601-373-5000 Home _____ Fax 601-372-9405

Contact Name DICK WITHERS Email Address DWITHERS@WITHERSFORIST.COM

Office Sought CIRCUIT JUDGE 7TH DISTRICT SUBDISTRICT 4

☐ Check here if above is different from previous report

RECEIVED
JUN 10 2010
Campaign Finance
Secretary of State

DATE STAMP

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory

☒ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory

____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory

____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory

____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory

____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates

____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3,550. ⁰⁰ + \$ 850. ⁰⁰	\$ 4,400. ⁰⁰	\$ 9,250. ⁰⁰
Total amount of disbursements	\$ 50. ⁰⁰ \$ —	\$ 50. ⁰⁰	\$ 2,872. ⁰⁷
Total amount of cash on hand		\$ 6,377.93	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

William A. Gowan
Signature of Candidate

6/10/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee COMMITTEE TO ELECT BILL GOWAN CIRCUIT JUDGEReporting period MAY 1 2010 through MAY 31 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WALLER + WALLER ATTORNEYS</u>		<u>5/6/10</u>	\$ <u>250.00</u>
Mailing Address <u>220 SOUTH PRESIDENT ST.</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>JACKSON MS 39201</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>WALLER + WALLER ATTORNEYS</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>ATTORNEY</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MICHAEL CARACCI</u>		<u>5/10/10</u>	\$ <u>500.00</u>
Mailing Address <u>1436 NORTHLAKE DRIVE</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>JACKSON MS 39211</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>STA-HOME HEALTH CARE</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>HOME HEALTH CARE</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BOB T. ROBINSON</u>		<u>5/21/10</u>	\$ <u>500.00</u>
Mailing Address <u>2084 DUMBARTON DRIVE</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>JACKSON MS 39216</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>SELF</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>CPA</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOHN MCGOWAN</u>		<u>5/21/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 55809</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>JACKSON MS 39296</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>SELF</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>GEOLOGIST</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee COMMITTEE TO ELECT BILL LOWAN CIRCUIT JUDGEReporting period MAY 1 2010 through MAY 31 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ALVIN WOODS</u>		<u>5 / 21 / 10</u>	\$ <u>300.⁰⁰</u>
Mailing Address <u>607 I-55 SOUTH</u>		<u> / / </u>	\$
City, State, Zip Code <u>BYRAM MS 39272</u>		<u> / / </u>	\$
Name of Employer (Required) <u>WOODS EQUIPMENT</u>		<u> / / </u>	\$
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>300.⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>REA SALES INC.</u>		<u>5 / 25 / 10</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>704 FOREST POINT DRIVE</u>		<u> / / </u>	\$
City, State, Zip Code <u>BRANDON MS 39047</u>		<u> / / </u>	\$
Name of Employer (Required) <u>REA SALES INC.</u>		<u> / / </u>	\$
Occupation (Required) <u>AUTO AUCTIONS</u>		Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee COMMITTEE TO ELECT BILL LOWAN CIRCUIT JUDGEReporting period MAY 1 2010 through MAY 31 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>HINDS COUNTY GAZETTE</u>	<u>5 / 10 / 10</u>	\$ <u>50.⁰⁰</u>
Mailing Address		
<u>110 PORT GIBSON ST.</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		
<u>RAYMOND MS 39154</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>50.⁰⁰</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		
	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		
	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		
	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		
	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		
	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$